



SNOW WINDROW REMOVAL APPLICATION DECLARATION

I hereby request the City of Brantford to remove the snow windrow from my driveway entrance at the follow address:

APPLICANT NAME: _____ TELEPHONE: _____

ADDRESS: _____ POSTAL CODE: _____

- I understand that the City reserves the right to determine when snow windrow removal activity will occur.
- I understand that the height of the resultant windrow, created by City plowing forces, must be greater than 10cm, (4 inches), before the City will remove the windrow under this program.
- I am aware that the above service does not include the clearing of the remainder of the snow from private approaches to my residence and/or driveways or sidewalks
- I am aware that due to varying storm conditions, it may take up to **20 hours** after the route has been plowed for the windrow to be removed.
- I agree to remove any obstructions at the end of my driveway that may affect the delivery of this service.
- I will not hold the City of Brantford responsible for any damage to my property, howsoever caused.
- I will keep the house number visible at all times and illuminated at night.
- I agree to notify the City of Brantford if I move from the above address through the winter season or no longer qualify for this service.

I, _____ SOLEMNLY DECLARE THAT:
PRINT NAME IN FULL

Please check all boxes that apply:

- I am 65 years of age or older and am providing proof that I and all individuals residing at this address are also 65 year of age or older, by providing one of the following documents:
 - a) Birth Certificate
 - b) Senior Citizen Card
 - c) Driver's Licence
 - d) Passport
- I am under the age of 65 with disabilities or medical conditions, and all individuals residing at this address are 65 years of age or older. Validation is provided by current and valid doctor's certificate and one of the following documents:
 - a) Birth Certificate
 - b) Senior Citizen Card
 - c) Driver's Licence
 - d) Passport
- I declare that there are persons under the age of 65 residing at this address that are not physically able to perform this work.
 - a) A current and valid doctor's certificate is required for each individual to which this applies.
- I have a temporary injury and all individuals residing at this address are 65 years of age or older and I understand that I will be removed from the program at the end of the season. Validation is provided by current and valid doctor's certificate and one of the following documents:
 - a) Birth Certificate
 - b) Senior Citizen Card
 - c) Driver's Licence
 - d) Passport

AND I MAKE THIS DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE, AND I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE CONDITIONS MAY RESULT IN TERMINATION OF THIS SERVICE.

SIGNATURE OF APPLICANT

DATE

NOTE: ALL SECTIONS ON THIS FORM MUST BE COMPLETED

If you have any questions regarding the Windrow program please call the Customer Contact Centre at 519-759-4150